

## PART B - FEE(S) TRANSMITTAL

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30542

7590

04/03/2007

FOLEY & LARDNER LLP  
 P.O. BOX 80278  
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Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Vanessa E. Agha

(Depositor's name)

Vanessa E. Agha

(Signature)

June 22, 2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/759,514	01/16/2004	Russell Baumann	034827-0705	7027

TITLE OF INVENTION: OLIGONUCLEOTIDES AND METHODS FOR DETECTING HEPATITIS C VIRAL NUCLEIC ACIDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	07/03/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
LI, BAO Q	1648	536-024300

06/25/2007 HGBREH2 00000002 10759514

01 FC:1501

02 FC:1501

03 FC:1501

1400.00 DP

300.00 UP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page: (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Foley &amp; Lardner LLP

2. \_\_\_\_\_

3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Quest Diagnostics Investments Incorporated

Wilmington, Delaware

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10 (ten)

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☐ A check is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0741 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(2).

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Authorized Signature

Barry S. Wilson

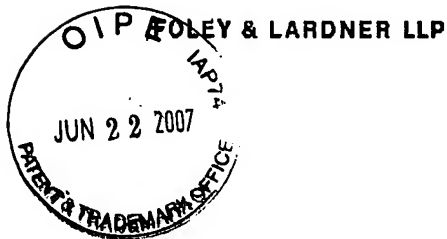
Date June 22, 2007

Typed or printed name Barry S. Wilson

Registration No. 39,431

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**Total # of Pages (including this page) 5**

TO:	PHONE #:	FAX #:
United States Patent and Trademark Office Mail Stop Issue Fee Examiner: Li, Bao Q. Art Unit: 1648		571-273-2885

From : Barry S. Wilson  
Email Address : bwilson@foley.com  
Sender's Direct Dial : 858.847.6722  
Date : June 22, 2007  
Client/Matter No : 034827-0705  
User ID No : 3067

U.S. Application No.: 10/759,514  
Docket No.: 034827-0705

**MESSAGE:**

Please find enclosed:

Issue Fee Transmittal (2 pages);

PTOL-85(B) Form (1 page);

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Cover Page 1 of 1

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JUN 22. 2007 11:29AM

FOLEY 8587926773

NO. 7272 P. 2

Atty. Dkt. No. 034827-0705

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: BAUMANN et al.  
Title: OLIGONUCLEOTIDES AND  
METHODS FOR DETECTING  
HEPATITIS C VIRAL NUCLEIC  
ACIDS  
Appl. No.: 10/759,514  
Filing Date: 1/16/2004  
Examiner: Li, Bao Q.  
Art Unit: 1648  
Confirmation 7027  
Number:  
Batch No.: PTOL-85(B)

<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b> I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below. <u>Vanessa E. Agha</u> (Printed Name) <u>Vanessa E. Agha</u> (Signature) <u>6/22/07</u> (Date of Deposit)
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**ISSUE FEE TRANSMITTAL**

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

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A credit card payment form in the amount of \$1,730.00 for payment of the Issue Fee, the Publication Fee and ten additional copies of the issued utility patent is also enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit

Atty. Dkt. No. 034827-0705

card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Respectfully submitted,

Date

06/22/2007

By

Barry Wilson

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